FOR OHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041277

Facility Name: Alden Northmoor Rehab & HCC

Address: 5831 North Northwest Highway (Number) Chicago (City) 60631 (Zip Code)

County: Cook

Telephone Number: (773) 775-8080 **Fax #** (773) 775-9672

IDPA ID Number: 36-3847747

Date of Initial License for Current Owners: 03/29/1996

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) Joan Carl
(Title)

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	198	Skilled (SNF)	198	72,270	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	198	TOTALS	198	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	20,403	3,458	11,752	35,613	8
9	SNF/PED					9
10	ICF	26,636	4,041		30,677	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,039	7,499	11,752	66,290	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.73%

D. How many bed-hold days during this year were paid by the Department?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/29/1996

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/1/1996 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 63 and days of care provided 11,270

Medicare Intermediary Administar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	490,277	25,658	9,600	525,535	710	526,245	(5,126)	521,119			1
2	Food Purchase		353,951		353,951	(29,233)	324,718	11,815	336,533			2
3	Housekeeping	173,796	32,571		206,367	775	207,142		207,142			3
4	Laundry	40,084	15,943		56,027	152	56,179		56,179			4
5	Heat and Other Utilities			263,062	263,062		263,062	(9,373)	253,689			5
6	Maintenance	33,045		130,308	163,353	110	163,463	13,415	176,878			6
7	Other (specify):* **Related Party Salary**							56,355	56,355			7
8	**TOTAL General Services**	737,202	428,123	402,970	1,568,295	(27,486)	1,540,809	67,086	1,607,895			8
	B. Health Care and Programs											
9	Medical Director			28,400	28,400		28,400		28,400			9
10	Nursing and Medical Records	2,710,692	172,927	103,067	2,986,686	(80,184)	2,906,502	1,393	2,907,895			10
10a	Therapy	79,881			79,881		79,881		79,881			10a
11	Activities	76,040	3,686	5,770	85,496	240	85,736		85,736			11
12	Social Services	22,942			22,942		22,942		22,942			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* **Related Party Salary**							33,534	33,534			15
16	**TOTAL Health Care and Programs**	2,889,555	176,613	137,237	3,203,405	(79,944)	3,123,461	34,927	3,158,388			16
	C. General Administration											
17	Administrative	118,563			118,563		118,563		118,563			17
18	Directors Fees											18
19	Professional Services			959,474	959,474		959,474	(874,778)	84,696			19
20	Dues, Fees, Subscriptions & Promotions			54,674	54,674	(1,450)	53,224	(36,333)	16,891			20
21	Clerical & General Office Expenses	127,125	16,838	81,127	225,090	1,313	226,403	50,549	276,952			21
22	Employee Benefits & Payroll Taxes			578,147	578,147	22,192	600,339		600,339			22
23	Inservice Training & Education					43,994	43,994		43,994			23
24	Travel and Seminar			3,240	3,240	625	3,865	19,167	23,032			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			218,820	218,820		218,820	14,043	232,863			26
27	Other (specify):* **Related Party Salary/bad debt**			11,559	11,559		11,559	481,016	492,575			27
28	**TOTAL General Administration**	245,688	16,838	1,907,041	2,169,567	66,674	2,236,241	(346,336)	1,889,905			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,872,445	621,574	2,447,248	6,941,267	(40,756)	6,900,511	(244,323)	6,656,188			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Northmoor Rehab & HCC #0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			42,154	42,154		42,154	297,349	339,503			30
31	Amortization of Pre-Op. & Org.							1,852	1,852			31
32	Interest			152,135	152,135		152,135	510,891	663,026			32
33	Real Estate Taxes							419,003	419,003			33
34	Rent-Facility & Grounds			1,130,986	1,130,986		1,130,986	(1,130,986)				34
35	Rent-Equipment & Vehicles			14,022	14,022		14,022	32,715	46,737			35
36	Other (specify):* MIP & Amortiz							56,713	56,713			36
37	TOTAL Ownership			1,339,297	1,339,297		1,339,297	187,537	1,526,834			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		564,803	805,184	1,369,987	40,756	1,410,743	(238,903)	1,171,840			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			108,405	108,405		108,405		108,405			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		564,803	913,589	1,478,392	40,756	1,519,148	(238,903)	1,280,245			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,872,445	1,186,377	4,700,134	9,758,956		9,758,956	(295,690)	9,463,267			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,204)	30		9
10	Interest and Other Investment Income	(227)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,231)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(9,626)	21		17
18	Fines and Penalties	(2,723)	32		18
19	Entertainment	(189)	20		19
20	Contributions	(6,060)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,631)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(11,559)	27		24
25	Fund Raising, Advertising and Promotional	(27,172)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (71,622)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(190,070)	various	34
35	Other- Attach Schedule	(33,998)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (224,068)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (295,690)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Alden Northmoor Rehab & HCC

ID# 0041277

Report Period Beginning: 01/01/2005

Ending: 12/31/2005

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Late fees on utilities	$ (12,819)	5	1
2	Late fees on telephone (g/l 6843)	(79)	21	2
3	Intercompany interest (g/l 7031)	(86,892)	32	3
4	Memorial Day picnic (g/l 4977-100-000)-misc	(10)	2	4
5	Jury duty (g/l 4977-100-002)-misc	(69)	21	5
6	Vending machine (g/l 4977-100-003)-misc	(988)	2	6
7	Food rebate (g/l 4977-100-005)-misc	(202)	2	7
8	Wage service fee (g/l 4977-100-006)-misc	(197)	21	8
9	Record copies (g/l 4977-100-001)-misc	(602)	10	9
10	IL Health Car Assoc dues (PAC: 32.97%)	(3,603)	20	10
11	Back out vendor settle cost for prior yr (g/l 7143)	(200)	6	11
12	Back out bank charges on LP	(152)	21	12
13	Adj depreciation to equal Pg 13's	(28)	30	13
14	Adj deferr. Maint. Deprec. On prior yr. Painting	2,733	6	14
15	Eliminate Real Estate Credit for '00-'02	69,110	33	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(33,998)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Northmoor Rehab & HCC **#** 0041277 **Report Period Beginning:** 01/01/2005 **Ending:** 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(2,431)	0	0	14,246	0	0	0	0	0	0	0	11,815	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(12,819)	0	3,446	0	0	0	0	0	0	0	0	(9,373)	5
6	Maintenance	2,533	0	10,262	0	0	0	620	0	0	0	0	13,415	6
7	Other (specify):*	0	0	51,661	4,694	0	0	0	0	0	0	0	56,355	7
8	**TOTAL General Services**	(12,717)	0	65,369	13,814	0	0	620	0	0	0	0	67,086	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(602)	0	0	3,834	(1,839)	0	0	0	0	0	0	1,393	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	33,534	0	0	0	0	0	0	0	0	33,534	15
16	**TOTAL Health Care and Programs**	(602)	0	33,534	3,834	(1,839)	0	0	0	0	0	0	34,927	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,631)	0	(869,147)	0	0	0	0	0	0	0	0	(874,778)	19
20	Fees, Subscriptions & Promotions	(37,024)	0	691	0	0	0	0	0	0	0	0	(36,333)	20
21	Clerical & General Office Expenses	(10,123)	5,739	36,203	7,251	11,479	0	0	0	0	0	0	50,549	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	19,167	0	0	0	0	0	0	0	0	19,167	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	13,755	288	0	0	0	0	0	0	0	0	14,043	26
27	Other (specify):*	(11,559)	0	468,956	10,731	12,888	0	0	0	0	0	0	481,016	27
28	**TOTAL General Administration**	(64,337)	19,494	(343,842)	17,982	24,367	0	0	0	0	0	0	(346,336)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(77,656)	19,494	(244,939)	35,630	22,528	0	620	0	0	0	0	(244,323)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Alden Northmoor Rehab & HCC **#** 0041277 **Report Period Beginning:** 01/01/2005 **Ending:** 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(7,232)	294,684	8,035	0	1,861	0	0	0	0	0	0	297,349	30
31	Amortization of Pre-Op. & Org.	0	0	1,852	0	0	0	0	0	0	0	0	1,852	31
32	Interest	(89,842)	514,931	80,853	0	2,157	2,792	0	0	0	0	0	510,891	32
33	Real Estate Taxes	69,110	341,512	7,537	0	844	0	0	0	0	0	0	419,003	33
34	Rent-Facility & Grounds	0	(1,130,986)	0	0	0	0	0	0	0	0	0	(1,130,986)	34
35	Rent-Equipment & Vehicles	0	0	32,715	0	0	0	0	0	0	0	0	32,715	35
36	Other (specify):*	0	56,713	0	0	0	0	0	0	0	0	0	56,713	36
37	**TOTAL Ownership**	(27,964)	76,854	130,992	0	4,862	2,792	0	0	0	0	0	187,537	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(117,597)	(74,796)	(46,510)	0	0	0	0	0	(238,903)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	(117,597)	(74,796)	(46,510)	0	0	0	0	0	(238,903)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(105,620)	96,348	(113,947)	(81,967)	(47,406)	(43,718)	620	0	0	0	0	(295,690)	45

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group Ltd	100	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent revenue	$ 1,130,986	Northmoor Associates LP		$	$ (1,130,986)	1
2	V	32	Interest income	56,811	Northmoor Associates LP			(56,811)	2
3	V	32	Replacement Reserve interest	810	Northmoor Associates LP			(810)	3
4	V	21	Professional fees-Audit		Northmoor Associates LP		5,587	5,587	4
5	V	21	Bank charges		Northmoor Associates LP		152	152	5
6	V	33	Real estate taxes		Northmoor Associates LP		341,512	341,512	6
7	V	26	Property/liability insurance		Northmoor Associates LP		13,755	13,755	7
8	V	32	Mortgage interest		Northmoor Associates LP		472,734	472,734	8
9	V	36	Mortgage insurance premium		Northmoor Associates LP		55,052	55,052	9
10	V	32	Interest on operating loan		Northmoor Associates LP		99,818	99,818	10
11	V	30	Depreciation		Northmoor Associates LP		294,684	294,684	11
12	V	36	Amortization		Northmoor Associates LP		1,661	1,661	12
13	V								13
14	Total			$ 1,188,607			$ 1,284,955	$ * 96,348	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	$ 888,233	Alden Management Services		$ 19,086	$ (869,147)	15
16	V	21	Gen'l & Admin		Alden Management Services		36,203	36,203	16
17	V	5	Utilities		Alden Management Services		3,446	3,446	17
18	V	6	Repair/Mainten.		Alden Management Services		10,262	10,262	18
19	V	24	Travel/Seminar		Alden Management Services		19,167	19,167	19
20	V	26	Insurance		Alden Management Services		288	288	20
21	V	20	Dues/Subscriptions		Alden Management Services		691	691	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,852	1,852	23
24	V	33	Real Estate Taxes		Alden Management Services		7,537	7,537	24
25	V	35	Rent-Equip & Vehic		Alden Management Services		32,715	32,715	25
26	V	32	Interest		Alden Management Services		80,853	80,853	26
27	V	7	Gen'l Service Salary		Alden Management Services		51,661	51,661	27
28	V	15	Health Care Salary		Alden Management Services		33,534	33,534	28
29	V	27	Gen'l & Admin Salary		Alden Management Services		468,956	468,956	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 888,233			$ 774,286	$ * (113,947)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		1	Dietary consultant	$ 9,600	Prism Health Care		$ 4,474	$ (5,126)	15
16	V		7	Dietary salaries		Prism Health Care		4,694	4,694	16
17	V		2	Tube feeding	5,018	Prism Health Care		19,264	14,246	17
18	V		10	Equipment rental-patient care	3,060	Prism Health Care		6,894	3,834	18
19	V		39	Ancillary supplies	156,115	Prism Health Care		38,518	(117,597)	19
20	V		27	G & A salaries		Prism Health Care		10,731	10,731	20
21	V		21	G & A expenses		Prism Health Care		7,251	7,251	21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 173,793			$ 91,826	$ * (81,967)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		39	Drugs	$ 213,895	Forum Extended Care II		$ 304,422	$ 90,527	15
16	V		39	I.V.	193,199	Forum Extended Care II		28,222	(164,977)	16
17	V		39	Wound Vac	1,594	Forum Extended Care II		1,248	(346)	17
18	V		10	House Stock	4,436	Forum Extended Care II		3,934	(502)	18
19	V		10	Pharm Consult	10,417	Forum Extended Care II		9,080	(1,337)	19
20	V		27	Employ Vaccin	1,007	Forum Extended Care II		788	(219)	20
21	V		27	G & A Salaries		Forum Extended Care II		13,107	13,107	21
22	V		21	Gen'l & Admin		Forum Extended Care II		11,479	11,479	22
23	V		32	Interest		Forum Extended Care II		2,157	2,157	23
24	V		33	Real Estate Tax		Forum Extended Care II		844	844	24
25	V		30	Depreciation		Forum Extended Care II		1,861	1,861	25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 424,548			$ 377,142	$ * (47,406)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Revenue-therapy	$ 778,646	Community Physical Therapy		$ 732,136	$ (46,510)	15
16	V	32	Interest		Community Physical Therapy		2,792	2,792	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 778,646			$ 734,928	$ * (43,718)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & maintenance	$ 26,394	Alden Bennett Construction		$ 27,014	$ 620	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 26,394			$ 27,014	$ * 620	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ALDEN NURSING CENTER - NORTHMOOR # 004-1277 **Report Period Beginning** 01/01/05 **Ending:** 12/31/05

Note: ANC = Alden Nursing Center

RELATED NURSING HOMES	
Name	City
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Waterford	Aurora
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingdale
ANC Village for Children & Young Adults	Bloomingdale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingdale
Alden of Old Town West	Bloomingdale
Alden Trails	Bloomingdale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Clinton, WI
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Prism Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Thereapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO	100.00	131,412	2.32	5.80	salary	$ 8,088	27-7	1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin		71,362	2.32	5.80	salary	4,392	15-7	2
3	Terry Magnussen c.	Maint. Supervisor	Construct/Maint		48,514	2.32	5.80	salary	2,986	7-7	3
4											4
5											5
6	a. President and sole stockholder of The Alden Group, Ltd										6
7	b. Daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Son-in-law of Floyd Schlossberg. Terry is in construction & maintenance.										8
9											9
10											10
11											11
12											12
13								TOTAL	$ 15,466		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc
Street Address: 4200 W. Peterson Ave
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See Page 8A (also on Page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge		X	Mortgage	$45,562.32	12/1/03	$ 9,194,900	$ 9,056,929	1/1/2044	5.2000	$ 472,734	1
2	Cambridge		X	Operating Loss Loan	$9,620.47	12/1/03	1,941,500	1,912,368	1/1/2044	5.2000	99,818	2
3												3
4												4
5	Other-Therapeutic Systems			Working capital	varies						5,709	5
	Working Capital											
6	Related party-AMS	X		Working capital							80,853	6
7	Related party-FECII	X		Working capital							2,157	7
8	Related party-CPT	X		Working capital							2,792	8
9	TOTAL Facility Related				$55,182.79		$ 11,136,400	$ 10,969,297			$ 664,063	9
	B. Non-Facility Related*											
10	Northmoor Assoc revenue	X		Non-care interest revenue							(810)	10
11	Patient interest income	X		Non-care interest revenue							(227)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,037)	14
15	TOTALS (line 9+line14)						$ 11,136,400	$ 10,969,297			$ 663,026	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 55,052 Line # 36

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Alden Northmoor Rehab & HCC **#** 0041277 **Report Period Beginning:** 01/01/2005 **Ending:** 12/31/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.	***Important***, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 404,700	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 401,622	2
3. Under or (over) accrual (line 2 minus line 1).		$ (3,078)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 413,700	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND** $ 69,110 **For** 00-02 **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 410,622	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2000	410,413	8
	2001	421,087	9
	2002	425,808	10
	2003	392,894	11
	2004	401,622	12

Accrual based on 3% increase over prior year's bills

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Northmoor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	13-06-409-017-0000	Nursing Home	$ 3,877.59	$ 3,877.59
2.	13-06-409-018-0000	Nursing Home	$ 2,255.96	$ 2,255.96
3.	13-06-409-019-0000	Nursing Home	$ 2,198.88	$ 2,198.88
4.	13-06-409-020-0000	Nursing Home	$ 2,168.99	$ 2,168.99
5.	13-06-409-021-0000	Nursing Home	$ 77,949.06	$ 77,949.06
6.	13-06-409-022-0000	Nursing Home	$ 77,746.21	$ 77,746.21
7.	13-06-409-023-0000	Nursing Home	$ 77,746.21	$ 77,746.21
8.	13--06-409-024, 025-000	Nursing Home	$ 157,678.55	$ 157,678.55
9.	See 11 page support	Related Party-Alden Mgmt Serv	$ 130,007.00	$ 7,537.00
10.	attached.	Related Party-FECII	$ 15,792.00	$ 844.00
		TOTALS	$ 547,420.45	$ 410,002.45

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,872 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Facility	53,009	1996	$ 1,429,683	1
2					2
3	TOTALS	53,009		$ 1,429,683	3

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	198			1994	$ 8,796,651	$ 227,120	40	$ 219,916	$ (7,204)	$ 2,181,810	4
5											5
6											6
7											7
8	related party -forum			1978	14,541		25			14,541	8
	Improvement Type**										
9	Cable installation			1996	5,704		5			5,704	9
10	Cable installation			1996	3,286		5			3,286	10
11	Fire alamr			1996	17,753	1,184	15	1,184		10,948	11
12	Install additional outlet			1997	2,108	211	10	211		1,880	12
13	Install additional outlet			1997	1,116	112	10	112		996	13
14	Install additional outlet			1997	2,668	267	10	267		2,401	14
15	Access control materials			1997	4,714	471	10	471		3,888	15
16	HVAC repair			1997	6,413		5			6,413	16
17	Phone line installation			1997	2,768		5			2,768	17
18	Phone line installation			1997	3,096		5			3,096	18
19	Equipment for security system			1998	4,170	417	10	417		3,336	19
20	Change belt on fans & airhandlers			1998	2,012		5			2,012	20
21	Wire third floor & twenty bed jacks			1998	7,189	719	10	719		5,572	21
22	Repair pump motor on elevator			1998	3,500	175	20	175		1,312	22
23	Install pump motor on dishwasher			1998	2,029	203	10	203		1,539	23
24	Install door locks			1998	8,157	816	10	816		6,390	24
25	Door system work			1998	775	77	10	77		555	25
26	Repair nurse call system			1998	275	27	10	27		197	26
27	Repair nurse call system			1998	1,032	103	10	103		739	27
28	Repair nurse call system			1998	982	98	10	98		703	28
29	Chiller			1998	52,667	3,511	15	3,511		24,870	29
30	Computer & training & installation			1998	3,158		5			3,158	30
31	Canopy construction			1998	73,120	4,875	15	4,875		37,779	31
32	Continue on page 12A										32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Climate Service - replace compressor	1999	$ 2,603	$ 173	15	$ 173	$	$ 1,214	37
38	Washtown equipment - dryer installation	1999	2,875	288	10	288		1,941	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593	159	10	159		929	44
45	Long elevator	1999	2,168	108	20	108		1,716	45
46	Climate service - ice machine repair	1999	1,885	188	10	188		1,115	46
47	Climate service - condensor repair	1999	3,579	239	15	239		2,545	47
48	ABC -misc. Work	2000	16,003	1,600	10	1,600		8,135	48
49	CSI-change exhaussst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		597	50
51	ABC - misc. const. Work	2000	2,059	343	5	343		2,059	51
52	GT mechanical - gas line	2001	1,563	156	10	156		794	52
53	Coker services-repair washer	2001	2,013	201	10	201		973	53
54	Coker services -install gas unit	2001	4,125	413	10	413		1,994	54
55	DBS contracting -lawn sprinkler	2001	2,215	148	15	148		812	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		887	56
57	GT mechanical -condensor fan motors	2001	1,867	124	15	124		580	57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582	158	10	158		659	58
59	GT Mech- chiller repair (both chillers)	2002	1,435	287	5	287		1,148	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	(84)	15	(84)		(322)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	172	10	172		632	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		179	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	163	10	163		517	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		397	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	201	10	201		654	65
66	ABC- Action Fence dumpster gate	2002	2,332	466	5	466		1,477	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,093,246	$ 246,325		$ 239,121	$ (7,204)	$ 2,369,273	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,093,246	$ 246,325		$ 239,121	$ (7,204)	$ 2,369,273	1
2	ABC-fire/smoker dampers	2003	6,390	639	10	639		1,597	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		1,449	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		193	4
5	GT Mechanical - H/V/A/C	2004	2,594	259	10	259		411	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	338	10	338		507	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		254	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		209	8
9	Top Notch Service - Steam wells (2)	2004	2,153	215	10	215		251	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	64	20	64		64	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	184	10	184		184	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	266	15	266		266	12
13	Lees (The Floor Source)-4th floor dining room tiling	2005	5,702	285	10	285		285	13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	85	20	85		85	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	96	15	96		96	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	9	20	9		9	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	11	15	11		11	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,144,919	$ 249,767		$ 242,563	$ (7,204)	$ 2,375,144	34

****Improvement type must be detailed in order for the cost report to be considered complete.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,144,919	$ 249,767		$ 242,563	$ (7,204)	$ 2,375,144	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	11,034		15			11,034	4
5	Leasehold Improvement-Remodeling	1980	17,284		20			17,284	5
6	Leasehold Improvement-Tenant Improvement	1987	893		13			893	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,203	200	16	200		2,204	8
9	Leasehold Improvement-Build.Improv.	1996	1,129	71	16	71		702	9
10	Leasehold Improvement-Asphalting	2000	88		3			88	10
11	Leasehold Improvement-DAI	2001	154	15	10	15		64	11
12	Leasehold Improvement-Bathrooms	2002	667	76	7	76		242	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		491	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,801	329	7	329		465	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	71		23			71	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	123	25	5	25		117	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	694	7	694		1,997	28
29	Leasehold Improvement-Remodeling	2003	5,085	726	7	726		2,072	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	12,928	306	30	306		2,139	33
34	TOTAL (lines 1 thru 33)		$ 9,226,155	$ 252,374		$ 245,170	$ (7,204)	$ 2,435,284	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,189,733	$ 88,226	$ 88,226	$	Varies	$ 731,777	71
72	Current Year Purchases	39,234	3,781	3,781		Varies	3,781	72
73	Fully Depreciated Assets	104,178	2,215	2,215		Varies	104,178	73
74								74
75	TOTALS	$ 1,333,145	$ 94,222	$ 94,222	$		$ 839,736	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	Ford Eldorado	2000	$ 49,863	$	$	$	3	$ 49,863	76
77	Related party-AMS	Various:Bus/Autos	1998-2004	4,706	111	111		3	4,638	77
78										78
79										79
80	TOTALS			$ 54,569	$ 111	$ 111	$		$ 54,501	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 12,043,552	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 346,707	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 339,503	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (7,204)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,329,521	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Northmoor Associates LP - a related party
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 4/1/96
Ending 3/31/06

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$ 265K
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 14,022 Description: Copy machine lease = $13,685; postage meter = $337
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party - AMS		$ #######	$ 32,715	17
18					18
19					19
20					20
21	TOTAL		$ #######	$ 32,715	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	$		$ 325,023	$		$ 325,023	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			102,131			102,131	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			352,896			352,896	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescrpts				304,422		304,422	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Page 16A				(46,510)	133,878		87,368	13
14	TOTAL			$		$ 733,540	$ 438,300		$ 1,171,840	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	Col 5: PT,OT, & ST Col 6: Supplies
1. OT	39-3	To Col 5	325,023
2. ST	39-3	To Col 5	102,131
3.			
4. PT	39-3	To Col 5	352,896
5.			
6.			
7.			
8.			
Phamacy Supplies per GL			213,895
Manual Input from Related Party- Forum Drugs			90,527
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	304,422
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	-
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	-
Total Exceptional Care (Line 12, Col 8)			-
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	(46,510)
Other			376,042
Manual Input: Related Party - Pyramid			(117,597)
Manual Input: Related Party FECII - I.V.			(164,977)
Manual Input: Related Party FECII - Wound Vac			(346)
Oxygen, from reclass worksheet			40,756
13. Col 6: Supplies Total		To Col 6	133,878
13. Total Line 13, Column 8			87,368
14. Total			1,171,839

Facility Name & ID Number Alden Northmoor Rehab & HCC **#** 0041277 **Report Period Beginning:** 01/01/2005 **Ending:** 12/31/2005

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2005 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 89,915	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 40,000)	2,365,022	2,365,022	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		561,466	5
6	Prepaid Insurance		14,568	6
7	Other Prepaid Expenses	5,157	5,157	7
8	Accounts Receivable (owners or related parties)	8,766,236	9,981,391	8
9	Other(specify): Due from 3rd parties	284,561	284,561	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 11,420,976	$ 13,302,080	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,084,793	14
15	Leasehold Improvements, at Historical Cost	383,857	383,857	15
16	Equipment, at Historical Cost	284,622	1,300,071	16
17	Accumulated Depreciation (book methods)	(392,945)	(3,267,286)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Refinancing fees		63,112	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 275,534	$ 8,994,230	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,696,510	$ 22,296,310	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,374,317	$ 2,374,317	26
27	Officer's Accounts Payable		69,927	27
28	Accounts Payable-Patient Deposits	288,931	288,931	28
29	Short-Term Notes Payable	33,351	33,351	29
30	Accrued Salaries Payable	383,114	383,114	30
31	Accrued Taxes Payable (excluding real estate taxes)	61,120	61,120	31
32	Accrued Real Estate Taxes(Sch.IX-B)		413,700	32
33	Accrued Interest Payable	4,713	52,247	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other acc'd exp/sales&use tax	185,481	185,481	36
37	ST portion of LT debt		94,010	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,331,027	$ 3,956,198	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,875,287	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 10,875,287	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,331,027	$ 14,831,485	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 8,365,483	$ 7,464,825	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 11,696,510	$ 22,296,310	48

***(See instructions.)**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 **Report Period Beginning:** 01/01/2005 **Ending:** 12/31/2005

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,151,497	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,151,497	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,213,986	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 2,213,986	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 8,365,483	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,745,729	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,745,729	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	82,623	6
7	Oxygen	38,176	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 120,799	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	269	12
13	Barber and Beauty Care	3,017	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	585	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(236)	19
20	Radiology and X-Ray		20
21	Other Medical Services	75,574	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 79,209	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	227	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 227	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Various - see attached Pg 19A	26,978	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 26,978	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,972,942	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,568,295	31
32	Health Care	3,203,405	32
33	General Administration	2,169,567	33
	B. Capital Expense		
34	Ownership	1,339,297	34
	C. Ancillary Expense		
35	Special Cost Centers	1,369,987	35
36	Provider Participation Fee	108,405	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,758,956	40
41	**Income before Income Taxes (line 30 minus line 40)****	2,213,986	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 2,213,986	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name	Alden Nursing Center-Northmoor	Page 19A
IDPH Facility ID Number	004-1277	
Period Beginning	1/1/2005	
Period End	12/31/2005	

Misc Income (G/L 4977)			Ref Line
Memorial Day picnic (g/l 4977-100-000)	10.00		2
Jury Duty (g/l 4977-100-002)	68.80		21
Vending machine (g/l 4977-100-003)	988.12		2
Food rebate (g/l 4977-100-005)	202.26		2
Wage service fee (g/l 4977-100-006)	197.00		21
Record copies (g/l 4977-100-001)	602.25		10
Total G/L 4977		2,068.43	
Meals-private only (g/l 4640-100-000)		32.00	
Write off a/p related to prior yr (gl 4983-100-000)		24,877.73	
Total of Page 19, Line 28		26,978.16	

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,928	1,992	$ 86,490	$ 43.42	1
2	Assistant Director of Nursing	1,860	2,124	86,567	40.76	2
3	Registered Nurses	26,009	27,591	888,492	32.20	3
4	Licensed Practical Nurses	13,388	13,986	354,058	25.32	4
5	CNAs & Orderlies	86,155	92,090	1,105,825	12.01	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	727	940	13,238	14.08	8
9	Activity Director	2,064	2,080	35,387	17.01	9
10	Activity Assistants	8,794	9,408	95,924	10.20	10
11	Social Service Workers	1,211	1,227	22,942	18.70	11
12	Dietician					12
13	Food Service Supervisor	1,952	2,080	37,137	17.85	13
14	Head Cook	7,824	8,320	139,992	16.83	14
15	Cook Helpers/Assistants	28,833	31,059	313,147	10.08	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,080	33,045	15.89	17
18	Housekeepers	17,373	18,920	173,796	9.19	18
19	Laundry	4,637	4,913	40,084	8.16	19
20	Administrator	2,042	2,122	80,011	37.71	20
21	Assistant Administrator	1,760	1,760	38,552	21.90	21
22	Other Administrative	3,496	3,656	67,269	18.40	22
23	Office Manager	2,032	2,080	34,088	16.39	23
24	Clerical	2,670	2,788	25,768	9.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,042	4,122	101,512	24.63	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Ca Clin Supp Sprvr	1,408	1,600	66,643	41.65	32
33	Other(specify) Alz staff	2,032	2,322	32,478	13.99	33
34	TOTAL (lines 1 - 33)	224,173	239,260	$ 3,872,445 *	$ 16.19	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	$ 9,600	1-3	35
36	Medical Director	monthly	32,900	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,160	11-3	44
45	Social Service Consultant	4	234	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	24	$ 48,646		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	12	$ 162	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	12	$ 162		53

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Valentino, D	Administrator		$ 59,649
Maryanne, A	Administrator		19,703
Martinez, M	Asst Administrator		39,211
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 118,563

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Mgmt Serv	Management fees	$ 888,233
BDO/KPMG/Blackman	Accounting fees	8,367
Kenneth Fisch	Legal fees-collections	5,631
Fisch/Greenburg	Legal fees-noncollections	7,699
Clausen/Nixon/Neal/Hermann	Legal fees-noncollections	9,825
Mayer, Brown	Legal fees-r/e tax appeals	17,580
ILHCC	Legal fees-union contract	1,485
Record Copy	Medical records	1,390
Medifax EDI/Dana Consult	Billing & 401K consulting	1,070
Alden Design & SMS	Architect fees & Bill.Consult	15,296
Pathway	Nursing consultant	720
CIC Enterprises	Job Tax credit service	2,178
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 959,474

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 92,142
Unemployment Compensation Insurance	76,622
FICA Taxes	285,005
Employee Health Insurance	30,928
Employee Meals	29,233
Illinois Municipal Retirement Fund (IMRF)*	
Union health welfare & pension	70,701
Dental & life	1,705
EE rel/misc p/r/drug tests/vaccines	5,776
401k match/tuition reimb	2,203
Chicago head tax	6,024
TOTAL (agree to Schedule V, line 22, col.8)	$ 600,339

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	780
Health Care Worker Background Check	371
(Indicate # of checks performed 37)	
Surety bond fees	750
Dues & subscriptions	2,676
IL Health Care Assn	11,623
Related Party-AMS	691
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,891

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Gas expense	734
Auto exp	1,824
Related Party-AMS	19,167
Seminar Expense	
Activity Director course	360
Charthouse Learning / Deming	665
Family Alliance	282
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 23,032

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	INSTALL BELTS ON A/(	5/97	$ 2,367	3	$	$	$	$	$	$	$	$	$
2	REPAIR AIR COMPRES	10/97	3,174	3									
3	REPAIR MOTOR, VENT	11/97	3,140	3									
4	HVAC REPAIR	6/98	2,661	3									
5	INSTALLL CONTRLS	7/98	3,900	3									
6	INSTL PHASE MONITO	7/98	4,250	3									
7	REPLACE COOLING FA	12/98	1,219	3									
8	REPAIR FAN FREQUE	12/98	446	3									
9	CLIMATE SER. ADJ '98	12/98	(446)	3									
10	PAINTING >1500 '99	7/99	6,870	3	1,145								
11	ABC- MISC. JOBS	7/00	3,677	3	1,226	612							
12	ABC- REPAIR CARPET	9/00	2,042	3	681	453							
13	ABC - MISC. JOBS	11/00	5,101	3	1,700	1,418							
14	PAINTING >1500 '00	7/00	5,943	3	1,981	990							
15	csi coker service-dishwash	6/02	2,462	3	479	821	821	341					
16	abc-sealcoat/striping	7/02	1,490	3	248	497	497	248					
17	equip int'l-dryer work	8/02	1,402	3	195	467	467	273					
18	healthcare prod-fix w/c's	8/02	1,705	3	237	568	568	332					
19	continue on page 22a…												
20	TOTALS		$ 51,403		$ 7,892	$ 5,826	$ 2,353	$ 1,194	$	$	$	$	$

Facility Name & ID Number Alden Nursing Cener-Northmoor # Report Period Beginning: 1/1/05 Ending: 12/31/05

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Totals from Page 22 carried forward		$ 51,403		$ 7,892	$ 5,826	$ 2,353	$ 1,194	$	$	$	$	$
2													
3	sherwin-patch/paint/wallp	1/02	6,102	3		2,034	2,034	2,034					
4	g&j plaster. Plastering	8/02	2,682	3		372	894	894	522				
5	jd & sons- roof repairs	8/02	1,749	3		243	583	583	340				
6	equip int'l- dryer repair	10/02	1,009	3		84	336	336	253				
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 62,945		$ 7,892	$ 8,559	$ 6,200	$ 5,041	$ 1,115	$	$	$	

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **yes**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **IL Health Care Assoc - $11,623**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **10 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **42,092** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **108,405**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **no** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **29,233** Has any meal income been offset against related costs? **no** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $ 0

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **BDO Seidman** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **no** If no, please explain. **not yet completed**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(29,233)	Employee Meal
	22	29,233	Employee Meal
22		(7,041)	Uniforms
	1	710	Uniforms
	3	775	Uniforms
	4	152	Uniforms
	6	110	Uniforms
	10	4,566	Uniforms
	11	240	Uniforms
	21	488	Uniforms
10		(40,756)	Oxygen
	39	40,756	Oxygen
10		(43,994)	Med consult-Dart
	23	43,994	Med consult-Dart
20		(625)	Deming Training Seminar
	24	625	Deming Training Seminar
20		(825)	Resident criminal background cks
	21	825	Resident criminal background cks
		0	Net must be 0